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CONFIRMATION NO. 1776

SERIAL NUMBER 09/677,526	FILING OR 371(c) DATE 09/29/2000 RULE	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 24530.00400
APPLICANTS Ryan Robertson, Seattle, WA; Stephane Maes, Mountain View, CA; Benoit Vialle, Evanston, IL; Tim Twerdahl, Los Altos, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/09/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 22
				INDEPENDENT CLAIMS 4
ADDRESS John W. Carpenter CROSBY, HEAFEY, ROACH & MAY P. O. Box 7936 San Francisco ,CA 94120-7936				
TITLE Combined Personal Digital Assistant And Mobile Phone And Method Of Receiving A Call				
FILING FEE RECEIVED 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1776

SERIAL NUMBER 09/677,526	FILING DATE 09/29/2000 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 24530.00400
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APPLICANTS
Ryan Robertson, Seattle, WA;
Stephane Maes, Mountain View, CA;
Benoit Vialle, Evanston, IL;
Tim Twerdahl, Los Altos, CA;

**** CONTINUING DATA *******
NONE SOB

**** FOREIGN APPLICATIONS *******
NONE SOB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 11/09/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allotance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>SOB</i>				

ADDRESS
John W. Carpenter
CROSBY, HEAFEY, ROACH & MAY
P. O. Box 7936
San Francisco, CA 94120-7936

TITLE
System and method of receiving a call having an identified or unidentified number and an identified or unidentified name

FILING FEE RECEIVED 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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